



1469 N Gardner St, Scottsburg, IN 47170 812-727-3812

## Consent for Counseling

I understand that the staff of Refuge Christian Counseling, LLC are of the Christian faith and are helping me assume my responsibilities in finding freedom in Christ. I further understand counseling will be conducted from a biblical perspective and the gospel of Christ will be shared during treatment.

I understand that my file and its contents therein are the property of RCC and that, in order to protect confidentiality, RCC may not release my records without my written consent, unless required by law. I also, understand and agree, that any counselor or representative of RCC will not provide any written or verbal testimony in any court inquiry, hearing, or proceeding unless court ordered.

I understand that my Christian counselor may need to intervene if he or she suspects that a child (under the age of 18) is currently endangered by abuse, or if there is suspected dependent adult abuse, or if the client is a danger to self or to others.

I understand that I am free to discontinue this counseling at any time and that I am here voluntarily.

**Please initial beside the following optional components of treatment that you agree to:**

\_\_\_\_\_ I do hereby agree for the counseling sessions to be attended by an approved prayer partner as deemed necessary.

\_\_\_\_\_ I do hereby agree for the counseling sessions to be video taped for educational and supervision purposes only.

PLEASE PRINT

CLIENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME OF PARENT(S) OR GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_